

# QUESTIONNAIRE



Date of interview : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of interviewer : \_\_\_\_\_

Mobile number : \_\_\_\_\_

## Participant Info

ID Number : \_\_\_\_\_

Address : \_\_\_\_\_

Hamlet /Village : \_\_\_\_\_ / \_\_\_\_\_

Category of Village : 1 = Easy access      2 = Moderate access      3 = Difficult access

Sub-District : \_\_\_\_\_

Geographical conditions : 1 = Coastal area      2 = Rice fields      3 = Hills  
4 = Forest      5 = Swamps

SECTION 1: DEMOGRAPHIC CHARACTERISTICS		
Questions	Coding Categories	Answer Code
1.1 How old are you?	..... years (age in current year)	
1.2 What is your gender?	1 = Male      2 = Female	
1.3 What is your highest level of education?	1 = No education 2 = Primary school 3 = Junior High school 4 = Senior High School 5 = Diploma 6 = Bachelor or above	
1.4 What is your main occupation?	1= Farmer 2 = Housewife 3= Fisherman 4 = Labour 5 = Trader/Merchandiser 6 = Student 7 = Unemployed 8 = unable to work 9 = Govt. or non-govt. employment (Officers/ Police/Army, teachers) 10 = others (Please specify):	
1.5 What is your monthly income (approximately)	Indonesian currency :	
1.6 What is your household monthly income (approximately)	Indonesian currency :	
1.7 What is the main material of the floor in your house?	1 = Ceramics 2 = Plastering cement 3 = Board 4 = Soil 5 = Others (Please specify) :	
1.8 What is the main material of the wall of your house?	1 = Plastering cement 2 = Zinc 3 = Bamboo /bamboo webbing/ rattan	

	4 = Wood/board/plywood 5 = Others (Please specify):	
<b>1.9 What is the main material of the ceiling of your house?</b>	1 = Concrete 2 = Wood/Plywood 3 = Bamboo webbing 4 = None 5 = Others (Please specify):	
<b>1.10 From the following household items, how many items do you have? Number = .....</b>	1 = Radio      2 = TV      3 = TV cable 4 = Bike      5 = Motorbike 6 = Car      7 = Mobile phone. 8 = Electricity      9 = Fridge 10 = AC      11 = Tractor      12 = Generator	
<b>1.11 What is the main source of drinking water for your family?</b>	1 = Running tap water in dwelling 2 = Running tap water of public 3 = Drilled well pump 4 = Well 5 = Spring 6 = River 7 = Irrigation 8 = Other (Please specify)	
<b>1.12 What is the nearest health service of your residence?</b>	1 = Public Health centres 2 = Subsidiary Public Health centres 3 = Village health Post 4 = Midwife practices 5 = Village maternity posts 6 = Polyclinic 7 = General practice 8 = Other (Please specify):	
<b>1.13 What is the distance to the nearest health facility?</b>	..... (Distance in Km)	

<b>SECTION 2: GENERAL KNOWLEDGE ABOUT MALARIA</b>		
<b>2.1 Have you heard about malaria before?</b>	1=Yes      2 = No	
<b>If you said yes to question 2.1, please complete question 2.2 to 2.13. Otherwise go to section 3</b>		
<b>2.2 Where did you hear about malaria?</b>	1 = TV 2 = Radio 3 = Newspaper 4 = Friend/Family member 5 = Local health facility 6 = School 7 = Church 8 = Mosque 9 = Community meetings 10 = Pamphlets 11 = Other (Please specify) :	
<b>2.3 Do you know some symptoms of malaria?</b>	1 = Yes      2 = No	
<b>2.4 What do you think are the main symptoms of malaria infection?</b>	1=Fever      2 = Shivering 3= Sweating      4 = Headache 5=Nausea and vomiting      6 = Diarrhoea 7=Dizziness      8 = Loss of appetite 9=Body weakness      10 = Joint pains 11 = Other (Please specify)	
<b>2.5 In your opinion, what is the main causes of malaria?</b>	1 = Mosquito bite 2 = Witchcraft 3 = Drinking dirty water 4 = Cold weather 5 = Unhygienic environment 6 = Close contact with a malaria sufferer	

	7 = Other (Please specify):	
<b>2.6 Do you think malaria can be prevented?</b>	1 = Yes                  2 = No	
<b>2.7 What personal protective measures can you use to guard against malaria infection?</b>	1 = Sleeping with non-insecticide treated net 2 = Sleeping with insecticide treated net received $\leq$ 3 year ago 3 = Sleeping with insecticide treated net received > 3 year ago 4 = Using mosquito coil 5 = Keep house clean 6 = Covering ventilation with anti-mosquito nets 7 = Using Indoor Residual Spraying 8 = Wearing long sleeved clothes when go outdoors at night 9 = Taking anti-malaria drugs when staying at malaria endemic areas. 10 = Other (Please specify) :	

<b>SECTION 3: TREATMENT SEEKING BEHAVIOUR</b>		
<b>3.1 If you or member of your family present with the signs and symptoms of malaria would you/they seek treatment?</b>	1 = Yes 2 = No	
<b>3.2 If yes to 3.1, how soon after suspecting that you or your family member are infected with malaria would you/they seek treatment?</b>	1 = One day (Within 24 hours) 2 = 2 days 3 = 3 days 4 = 4 days or more 5 = I did not go for treatment	
<b>3.3 If yes to 3.1 and you or member of your family present with the signs and symptoms of malaria where would you/they seek treatment?</b>	1 = Public health facilities 2 = Private health facilities 3 = Traditional healer 4 = Pharmacy 5 = self-treat 6 = other (Please specify):	

<b>SECTION 4: PRACTICE OF PERSONAL PROTECTION</b>		
<b>4.1 Does anyone in the household use any personal protective items to help prevent malaria infection?</b>	1 = Yes                  2 = No	
<b>4.2 What personal protective measures do you use to guard against malaria infection?</b>	1 = Sleeping with non-insecticide treated net 2 = Sleeping with insecticide treated net received $\leq$ 3 year ago 3 = Sleeping with insecticide treated net received > 3 year ago 4 = Using mosquito coil/electric anti mosquito mats 5 = Keep house clean 6 = Covering ventilation with anti-mosquito nets 7 = Using Indoor Residual Spraying 8 = wearing long sleeved clothes when go outdoors at night 9 = Taking anti-malaria drugs when staying at malaria endemic areas. 10 = Other (Please specify) :	
<b>4.3 Do you have any mosquito net?</b>	1 = Yes                  2 = No	

<b>4.4 What type of mosquito net do you have?</b>	1 = Long Lasting Insecticide-Treated Bet Nets (LLINs) 2 = Non LLINs 3 = LLINs and Non LLINs	
<b>4.5 If you choose option 1 to question 4.4,</b> <b>a. How many mosquito nets do you have?</b> <b>b. When did you get this bed net:</b> <b>c. Does this bed net eligible to be used?</b> <b>d. How many sleeping groups do you have?</b>	..... (Number of LLINs) Year ..... 1 = Yes                      2 = No ..... (Number of sleeping groups)	
<b>4.6 If you choose option 2 to question 4.4,</b> <b>a. How many mosquito nets do you have?</b> <b>b. Does this bed net eligible to be used?</b>	..... (Number of non-LLINs) 1 = Yes                      2 = No	
<b>If you choose option 3 to question 4.4, please complete questions 4.5 and 4.6</b>		
<b>4.7 a. Did you sleep under bed net last night?</b> <b>b. If yes to question 4.7a, What type of bed net do you use?</b>	1 = Yes                      2 = No 1= LLINs                      2 = Non LLINs	
<b>4.8 Did all of your family members sleep under mosquito net last night?</b>	1 = Yes                      2 = No	
<b>4.9 What is your family size?</b>	.....	
<b>4.10 If you said no to question 4.7a, what is the main reason?</b>	1 = Too hot 2 = Bed net was not hung up 3 = Bed net was not in good condition /torn 4 = Mosquito net is for children 5 = Mosquito net is for pregnant women 6 = No mosquitoes 7 = Not get used to 8 = other (Please specify):	

<b>SECTION 5 : PRACTICE FOR MALARIA TREATMENT</b>		
<b>5.1 Have you ever suffered from malaria?</b>	1 = Yes                      2 = No	
<b>If you answer yes on question 5.1, please do question 5.2 to 5.11, otherwise go to section 6</b>		
<b>5.2 When did it occur?</b>	Month: .....      Year: .....	
<b>5.3 What symptoms did you have then?</b>	1 = Fever                                      2 = Shivering 3 = Sweating                                      4 = Headache 5 = Others (Please specify):	
<b>5.4 How soon after suffering from malaria did you seek treatment?</b>	1 = One day (Within 24 hours) 2 = 2 days 3 = 3 days 4 = 4 days or more 5 = I did not go for treatment	
<b>5.5 If you sought treatment, where did you go to seek treatment?</b>	1 = Public health facilities 2 = Private health facilities 3 = Pharmacy 4 = Traditional healer 5 = self-treatment 6 = other (Please specify):	
<b>5.6 If your response to 5.5 was option 1 or 2 or 3, did you receive blood test?</b>	1 = Yes                      2 = No	
<b>5.7 If your response to 5.4 was option 1 or 2 or 3, did you receive any medicine?</b>	1 = Yes                      2 = No	
<b>5.8 If you responded yes to 5.6, did you receive the medicine stated below?</b>		

<b>5.8.1 Artemisinin-based Combination Treatment (ACT) + 1 day Primaquine</b>	1 = Yes                  2 = No	
<b>5.8.2 Artemisinin-based Combination Treatment (ACT) + 14 days Primaquine</b>	1 = Yes                  2 = No	
<b>5.8.3 Other medicine ( Please specify):</b>		
<b>5.9 Did you consume the medicine in question 5.7 until finish?</b>	1 = Yes                  2 = No	
<b>5.10 If you answered no to question 5.8, what was the main reason for that?</b>	1 = Forgot to take 2 = Felt better 3 = Not comfortable due to drug's side effects 4 = Other (Please specify) :	

**THANK YOU VERY MUCH**

**We have to come to the end of our interview. Your time, honest opinions and valuable contributions are highly appreciated. Do you have any questions?**